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SURGICAL LECTURES,

BY

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LECTURE 2.

Gentlemen,

In the last Lecture, I directed your attention to the febrile affections produced by local disease, injuries, or irritation; and I particularly described to you the sympathetic inflammatory, the hectic, and the sympathetic irritative fever. These febrile affections are sometimes of an intermittent character; a regular paroxysm of intermittent fever is not unfrequently produced by local disease, injury, or irritation; this most generally occurs when the irritation exists in the urinary organs. Passing a bougie for the first time, will occasionally lay a person up with a paroxysm of intermittent fever; in these cases the paroxysm does not in general recur, but the cold fit is often extremely severe, the hot fit so excessive, that the patient is frequently delirious, and the subsequent sweating very profuse. I have known a fit of rheumatic fever brought on by irritation in the urethra, produced by the application of caustic; and the muscles have been so severely affected, that, egad! the patient has not been able to turn himself in his bed for a fortnight. These and other irregular affections you will occasionally meet with in practice; every thing cannot be plain and simple as it is laid down in lectures, where it is necessary to state things simply, in order to render them intelligible, before we consider them in a state of combination. The effect of local irritation in the production of febrile and other affections, is subject to considerable variety, as it may bring on those disorders to which there is a propensity in the general system. A person may be, as it were, on the brink of a disease, which may be brought into activity by his catching cold, or any other trivial occurrence. In proof of this, I will mention a case, which I have noticed in the "Surgical Observations;" it is that of a woman, who was the subject of cancer and who thought herself a remarkably healthy woman, though that could not be the case, or she would not have had this disease. She was at least a strong woman, and possessed of great strength of mind as well as of body. Thus she arranged every thing herself for the operation; and after it was performed, she got up, walked to her bed, and laid herself comfortably in it. Soon after she felt an uneasy sense of distention and tenderness in the stomach, a sense of strangulation, globus hystericus, in the throat; and as I was pretty sure that this state of the stomach

could only be relieved by producing secretions from that organ, I began to give her small doses of purgative medicine, which were repeated every fourth hour. Three days and nights elapsed before any discharge could be obtained from the bowels; and at the end of that time the bowels began to secrete. During the whole of that time there was no secretion of urine; but as soon as an evacuation was obtained from the bowels, the kidneys began to secrete also, and not before. The evacuation resembled the stuff that is taken out of a muddy ditch. At the end of a week she had a violent fit of gout in the hands, and afterwards in the feet. Here was no instance of local irritation bringing on a disturbed state of health, and exciting, as it were, all the morbid propensities of the patient's constitution.

I have stated, that as local disease may produce, or be produced by constitutional causes, it was essentially necessary that a surgeon should understand the morbid conditions of the general health, which may be concomitant to the local malady. I stated also, that it seemed convenient to treat in the first instance of the febrile affections, although the nervous affections accompanying local disease have the natural priority. I began by saying, that local disease, injuries or irritation, may occasion pain, sickness, fainting, rigors, convulsions, delirium, and other affections of the brain and tetanus. Many of these affections are sometimes the immediate consequences of local disease, injury, or irritation. Irritation, though attended with an excitement, the nature of which we do not understand, is not necessarily accompanied with pain. The passing of a bougie, though not productive of pain, may occasion a patient to faint away. It does not follow that the state of excitement which I shall call irritation, is productive of absolute pain; but local disease, injury, or irritation, may produce pain. And what is pain? Oh! pain is the result of inordinate action of the nerves of the part. I am aware that I weary many of my hearers by dwelling on these points, but I do not mind that: I persevere, because I think it necessary that these points should be attended to. Pain is the effect of excessive action of the nerves of the part, and it may take place independently of any vascular action. The severest pain does not necessarily imply any thing violently wrong in the part affected. Tic douloureux, a disease of rare occurrence in my younger days, is a nervous pain of a most tormenting kind, where the part affected is perfectly pale, and there is no appearance whatever of inflammation. Pain does not necessarily imply any great or important degree of disease existing in the part, though it is often the precursor of very serious disease. I do not want to persuade you that pain is no evil, but I wish you to see the subject in its true point of view. Excessive pain may be felt without any material disturbance of a man's constitution; as, for instance, in tooth-ache; so in gout, a person may suffer the most racking tortures, without having any considerable degree of cerebral disturbance, though the action of the nerves propagated to the cerebrum produces the pain.

Sudden sickness is often occasioned by accidents. Mr. Hunter thought that the stomach had a direct sympathy with the remote

parts of the body. How much it sympathizes with the head, how much disorder of the stomach is capable of affecting the head, every fool knows. Mr. HUNTER, on the supposition that the stomach was directly and immediately affected from the remote parts of the body, called it the centre of sympathies; and if the hypothesis be true, this designation would be peculiarly apt and appropriate. Whether it be true or not, I cannot say; I have not made up my mind on this point, and it would be extremely difficult to do so.

Faintness, which is the consequence of an affection of the stomach producing its effect on the brain, is often occasioned by local injury. There is a curious circumstance with which you will be familiarly acquainted, and which shows the concatenation of causes producing the same general result. When you introduce a bougie into the urethra of a patient for the first time, having placed his back against a wall, as we usually do, you had better look up into his face, and see how he bears it; for though the bougie does not give any actual pain, a patient very often faints on its first introduction. I am always on the alert on these occasions, for I have had several patients drop down upon me; and whenever I see a person getting pale, and about to faint, I lay him gently down on the carpet. He will speedily recover when he is placed in the horizontal position; and his face, which was before of an ashy paleness, will soon become as red as a turkey-cock. The first effect of the introduction of the bougie is the production of sickness; the second effect is a sympathetic affection of the heart, which, failing to propel the blood in due quantity to the brain, occasions the cerebral affection; the patient gets light-headed, his face becomes pallid, his muscles are no longer capable of supporting him, and down he drops. I remember, when I was an apprentice, whenever this happened, my master used to say, "Oh, Sir, I am afraid you are faint; pray take a glass of cold water." The glass of water was given him, and what was the common effect of the cold water on a sick stomach? why, the patient would very often puke it up in his face. (A laugh.)

With respect to shivering, Mr. HUNTER imputes it in every instance, to an affection of the stomach; it is a symptom of suppuration, which is invariably preceded by inflammation. It also ushers in other changes in local disease; in some instances it precedes ulceration.

Local injury or irritation frequently produces a state of delirium, in which a man is utterly unconscious of his situation, goes on imagining things, as in a dream, and acting in consequence of such imaginations. Delirium often takes place in consequence of an accident of no very momentous kind; it may occur without fever, or it may be accompanied with that irritative sympathetic which I described to you in the last Lecture, and which is often the "last stage of all, that closes the sad eventful history" of a compound fracture. Delirium seems to be a very curious affection; in this state, a man is quite unconscious of his disease; he will give rational answers to any question you put to him, when you rouse him; and then goes on imagining, as we do in dreams, and acting in consequence of these imaginations. People who are de-

lirious and suffer pain, have generally uneasy dreams; but delirious patients seem often to have undisturbed, and even pleasant dreams. I remember a man with compound fracture in this Hospital, whose leg was in a horrible state of sloughing, and who had delirium in this state. I have roused him, and said, "Thomas, what is the matter with you? how do you do?" He would reply, "Pretty hearty, thank ye; nothing is the matter with me; how do you do?" He would then go on dreaming of one thing or another; I have listened at his bed side, and I am sure his dreams were often of a pleasant kind. He met old acquaintances in his dreams; people whom he remembered *lang syne;* his former companions, his kindred and relations, and he expressed his delight at seeing them. He appeared to be holding pleasant conversation with them, and would exclaim every now and then, "That's a good one," "Well, I never heard a better joke," and so on. It is a curious circumstance, that all consciousness of suffering is thus cut off, as it were, from the body; and it cannot but be regarded as a very benevolent effect of nature's operations, that extremity of suffering should thus bring with it its antidote. I have seen fits of direct mania produced by local disease; only last year a case of this kind occurred in this Hospital. I remember particularly inquiring into the history of one man who was seized with a fit of insanity in consequence of a fracture of the leg, with a view of ascertaining whether any of his family had ever been affected with insanity, and I could not find that there were any.

Of Tetanus.

Tetanus is often the result of local disease, injury, or irritation, and it is to this subject that I shall more particularly direct your attention in this evening's lecture. The word tetanus, as most of you are aware, means tension, and is applied to what may be called a muscular affection. It begins generally in the muscles of the jaw, and when it is confined to this part of the body, it is called *trismus.* When the muscles at the back of the neck stretch the head backwards, it is called *opisthotonos.* When the body is bent forward, it is called *emprosthotonos,* and when the tension is confined to the muscles of one side of the body, it is called *pleurosthotonos.* A distinction has also been taken, according to its greater or less intensity, between acute and chronic tetanus. Tetanus sometimes comes on very shortly after the receipt of an injury, but this happens more frequently in hot than in cold climates. It is apt to come on after amputations have been performed on board ship. Sometimes it does not come on until the wound has nearly or entirely healed. Tetanus seems to be chiefly a muscular affection, but you will be naturally curious to know what is the state of the other parts of the body. In the sanguiferous system, we find no particular alteration; when the patient is labouring under the spasms, and shaken by convulsions, we naturally expect to find a considerable acceleration of pulse, and we do find it; but in the intervals the pulse is regular enough, and of the common standard. With respect to the secretions, Dr Harty has remarked the high colour of the urine, but I have not found the urine of tetanic patients either

high-coloured or deficient in quantity. Patients generally sweat when they are agitated by tenanic convulsions; at other times nothing particular is observable, either in the secerning or sanguiferous system. As to the state of the bowels, they are in general acted upon with great difficulty in tetanus, and what passes from the patient is generally very bad stuff indeed. With regard to the state of the nervous system, the patient is tranquil in his mind, and has his senses about him. I have known a man under tetanus, while his case was going on worse and worse, declare that he felt himself heart-whole towards the termination of the disease. The patient labours under no particular agitation of mind, but there is undoubtedly great insensibility in the nervous system with respect to the operation of medicines. Alcohol will not fuddle a tetanic patient; opium will not make him sleep; mercury will not salivate him. He is very unsusceptible of the excitement of the most powerful medicines; what will produce a considerable effect on others, will not in the slightest degree affect him.

Of the Treatment of Tetanus.

I generally speak a little historically of the treatment of tetanus, and I do so because Hippocrates has told us almost as much about this disease as we have known ever since. He says, that in certain cases of tetanus, where the fits increase, and there are exacerbations of the symptoms, the patient generally dies on a particular day, I do not exactly remember on which,* but not far distant from the commencement of the disease; but where the fits do not become more frequent, nor increase in severity, the patient generally gets well. Hippocrates states, that the most effectual remedy in tetanus is the affusion of cold water, but he limits it to particular cases, excepting traumatic tetanus, or that which is produced by wounds. It is curious enough that the observations of Hippocrates seem to have been confirmed during the progress of medical science, and that, in truth, they comprehend all that is known with regard to the treatment of this disease. After the time of Hippocrates, it was treated as a disease of tension; and strong action, and warm water, warm oil, bleeding, &c., were employed, with a view of producing relaxation. De Haen was the first among the moderns who tried to investigate the nature of tetanus. He tried all the various remedies which have been recommended; in one case, he took 130 ounces of blood from the patient in 24 hours, and the patient died. De Haen did not discriminate this disease, for some of the cases which he supposes to be tetanic are not absolutely cases of tetanus. Dr. Wright, of Jamaica, sent over some papers to this country, which were published in the London Medical Observations and Inquiries, in which the cold affusion was declared to be a cure for tetanus. He mentions the case of one poor negro, who was so convinced of its efficacy, that he used to lie in the neighbourhood of a spring; and when he found the convulsions coming on, he would roll himself into the water. Dr. Currie, of Liverpool, tried the cold affusion, and it certainly did good; he relates

* It is the fourth day. The words of Hippocrates are, "Ὁκόσοι ὑπὸ τετάνου ἁλίσκονται, ἐν τεσσαρσὶν ἡμερησιν ἀπόλλυνται."—Ed. L.

one case, indeed, in which every body conversant with the history of tetanus must be convinced that the patient would inevitably have died but for the cold affusion. He was plunged into the water, and kept there till he was nearly exhausted: he was, however, got out alive; a perspiration subsequently came on, the symptoms were mitigated, and eventually he did well. Dr. Rush, of Philadelphia, treated tetanus as a disease of debility, and recommended tonics and stimulants. If you read the periodical journals, you will find all these things eulogised, and no doubt many patients have got well, in whose cases tonics and stimulants have been employed. Alcohol, employed in quantities which would fuddle six healthy men, did not fuddle tetanic patients, but it produced a most corrosive acidity in the stomach. I will tell you honestly what I think of this matter:—I believe that the patients would have got well, if no treatment at all had been interposed. There are cases of protracted tetanus, in which the disease gradually wears itself out and spontaneously terminates. We impute very often too much to the remedies we employ. With respect to this cold affusion—Oh! hang it, it will not answer in a great number of cases! I remember, very lately, some cases published at Dublin, where a trial had been given to the cold affusion; the patients were first put into a warm bath, the temperature of which was gradually reduced, and at last they were soused into cold water, but nevertheless they died. I put no faith in the empirical mode of treatment, for empirical I must call it. I know of no specific remedy for tetanus. The application of the cold affusion seems to me to be only administering to a symptom; it lessens muscular action, at least for a time, because whatever lessens the temperature of the body lessens muscular action. The cold affusion has been tried at the Veterinary College; for the horse is liable to be affected with tetanus, and when under this disease really presents a very curious spectacle. His limbs are stiff, and his legs stand out; and his ears are cocked, and so is his tail also. (A laugh.) A horse so affected was slung, and taken out of the stable at a time when there was much snow on the ground. He was rolled in the snow, and in a short time his ears became uncocked; his tail grew lank, and he stretched it; his limbs grew pliant, and he moved them; and so they led him back to the stable, where his limbs soon stiffened as before, and eventually he died. Now, I think the nervous and muscular system so intimately connected, that tetanus may be considered a nervous affection; and I can only say, that we ought to pay especial attention to the removal of that irritation of the nervous system, which so constantly arises from a disordered state of the digestive organs. It is difficult to get the bowels to act in tetanus, but it is a most essential point to attend to their secretion. The abdominal muscles act with so much difficulty in this disease, that there is little fear of over-dosing your patient. Give calomel and jalap with treacle, which will answer better than saline medicines. If a patient is delirious, or is so violent that he cannot be induced to take a dose of medicine, I watch an opportunity when he opens his mouth, put a gag into it, whip the medicine with

a spatula over the tip of his tongue, and then take out the gag. I have purged patients in this way, when I knew not how I should have accomplished it in any other manner. When the calomel and jalap have been administered till they act on the bowels, they will generally bring away at last such stuff as people, who have never seen it, can have little idea of. I remember, on one occasion, asking an old nurse what sort of evacuations had come from a tetanic patient, who had passed a week without having any, "Lord, Sir, they are not stools—they are sloughs!" (A laugh). With respect to opium, though it has no remedial efficacy in tetanus, it is impossible to witness a patient's sufferings, and not try to mitigate them by administering it. When you give opium with that view, you should administer it in such doses, and at such intervals, as to keep up a permanent effect on the system. I have known, and been educated under, surgeons who religiously believed that opium in large doses was a specific in this disease. I recollect a patient who had tetanus, from a wound which he received at the time of the riots in the year 1780, to whom a scruple of opium was given every day, besides a dose of a drachm at night, and when his body was afterwards opened, 30 drachms of opium were found undissolved in his stomach. Give it repeatedly in small doses, so that it may liquefy, and produce its effect on the stomach, and do not suffer it to accumulate in the stomach. At the time opium was believed to be a specific in tetanus, I recollect a case in which it was thought desirable to produce a discharge from the bowels, and the patient was manifestly relieved by the diminution of the dose of opium, and the exhibition of purgative medicines. Calomel and jalap were given at regular intervals, but thirty-six hours elapsed before any evacuations could be procured, and when they were, they were so intolerably offensive, that all the patients who were capable of quitting the ward, fled from it in dismay. (A laugh). I am convinced, that in tetanus, and all nervous affections, it is a most material point to operate on the brain through the medium of the digestive organs; producing secretions from the alimentary canal has a more beneficial effect than any other means we can employ for the alleviation and cure of tetanus. So much for the general treatment of tetanus; with respect to local treatment, suppose a man has his fingers crushed, and tetanus suddenly comes on, What is to be done? Should the finger be amputated? I see no objection to this, if the injury is such that the finger is not likely to be of any use, but will the amputation stop the tetanus? No: I think I have seen cases where it has been mitigated by amputation, but notwithstanding this mitigation the patients have died of tetanus. I would not therefore take off any material part of a man's body with a view of relieving tetanus. It has been said, that traumatic tetanus arises from a particular irritation in the wounded part, and that if you induce a change in the wounded part, you will effect a corresponding alteration in the symptoms of tetanus. On this supposition, caustic has been applied to the wound, and there is, undoubtedly, authority for the application of caustic. But there is authority for doing many absurd things, and I would not recommend you, because a man has

been wounded, to make a worse wound, and aggravate the injury with a view to the cure of tetanus. It will be sounder surgery to endeavour to soothe the local malady by tranquillizing the state of the general health. But there is another remarkable circumstance which deserves attention. When the irritable and sloughing state of the wound shall have gone off, when healthy granulations have formed, and the cicatrix is rapidly advancing, egad! in this state tetanus may occur. How are we to account for this? I am inclined to think that it is to be accounted for in the following manner. We know that the disposition to disease occurs long before the action of the disease takes place. In the painful and bad state of the wound, the disturbed state of the nervous system has produced disease of the digestive organs, which re-acted on the nervous organs; so that the disorders have reciprocally aggravated one another; so that, at last, even though the wound is drawing to cicatrization, or has even healed, and there is no longer any local irritation, the disposition to tetanus, from the established irritation of the cerebral and visceral functions, comes into activity. Perhaps those who know nothing of the opinions I have formed on subjects of this kind may not thoroughly understand what I mean. I propose this as a question to surgeons, Whether the disordered state of the digestive organs, established during the irritative state of the wound, may not be the occasion of tetanus, when that irritative state has ceased? If this proposition be established, the very important conclusion follows, that by preventing this disordered state of the digestive organs you would prevent tetanus. I have hitherto heard no opinion on this subject; it is a subject, however, of great importance, and one which deserves your most serious attention. It is to this subject, namely, the reciprocal operation of disorder of the digestive organs on the nervous system, and of the nervous system on the digestive organs, to which I shall in the next lecture direct your attention.

LECTURES

ON THE

PRINCIPLES AND PRACTICE

OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb-Street.

LECTURE 2.

In my last Lecture, I described the remote causes, the symptoms, the morbid appearances, and the pathological conditions of the *Common Congestive Fever*; and in this Lecture I shall pass on to the consideration of *treatment*.

You will, perhaps, recollect I mentioned that the natural mode of removing common congestive fever, is, by what is commonly called re-action, the hot stage, or the stage of excitement, which state is shown by an increase of the heart's action, and of the animal heat, by which the blood is thrown from the central parts of the body to the surface, and thereby the balance between the arterial and venous systems is restored.

Now, when the hot stage, or the

state of re-action is not perfectly established, when the fever assumes a masked, or oppressed form, there is more danger than when the heat of the surface is greater, or the pulse quicker than natural. But when the natural efforts are inadequate to excite re-action, we attempt to produce it by artificial means, namely, by restoring the balance between the arterial and the venous systems. There is no efficacy in physic excepting that which is to be found in its precise application; and therefore, when we prescribe a remedy, we must have a definite pathological object in view, and endeavour to fit the means to the end. Now this is only to be accomplished by the observation of symptoms during life, and by an accurate examination of the cases after death; and the means of prescribing with precision are only to be obtained by carefully noticing the effects of remedies. It is a serious error to prescribe merely for some abstract name; we should always regard the pathological conditions of the parts, and recollect also, that there may be various modifications of the same affection in different individuals.

In common congestive fever, there are various conditions which require a very different treatment; and whatever our general views may be, we can never be successful in our treatment unless we take into account the minute changes which modify the effects of remedies. Now there are three forms of common congestive fever, and unless you discriminate these at the bed-side of the sick, you will never be successful in your management of them. There is an *extreme* form, an *intermediate*, and a *mild* form of this fever, and I shall begin with a description of the *extreme form:* this is distinguished, 1st, by an universal coldness of surface; 2d, by a weak and small pulse; 3d, by a feeble or oppressed respiration; 4th, by a great disturbance in the function of that organ which may happen to be the seat of the congestion; and, 5th, by a great prostration of the muscular power. In the *removal* of this extreme *form*, we find that there are two distinct indications; the *first* is to act on the *skin*; the *second* to act on the *stomach*, in order that we may restore the balance of the circulation, which has been disturbed. There are subordinate measures to be employed, but those indications which I have just named are the leading ones.

Now, in the *treatment* of this affection, it is expedient, nay, it is necessary, that a man should have the means which he intends to employ so distinctly arranged in his mind, that he may combine them in all urgent cases without loss of time. In the treatment of the extreme form of common congestive fever, and the observation I am about to make applies to every other form of fever, there are *three* points to be considered; these are the *medical, regimenal,* and *mental management* of the patient. By the *first* term, I mean the employment of medical agents, properly so called; by the *second* term, I mean the management of diet, temperature and the like things; and by the *third,* is understood the proper management of the mind of the patient, of the attendants, of the friends, and of the practitioner himself.

With regard to the *medical treatment,* the most efficacious

mean is the application of the *hot air bath*, and I will show you how this is to be used at the end of the lecture. The minute I heard an account of the hot air bath, it struck me as being the very thing which was wanted in the treatment of the congestive form of fever; for the exhaustion of the muscular and nervous power in the extreme form of this affection is sometimes so great, that the fatigue produced by merely removing the patient into the warm bath would be sufficient to destroy him. Next to the air bath I should rank in efficacy the vapour bath, and then the sand bath, which might be used by putting heated sand into small bags, and applying them to the stomach, feet, and other parts. The whole surface is chilly, the blood has retired from the surface, and has become accumulated in some internal organ, where it produces a great interruption of the venous circulation, so that a disorder of the function of that part is the result, and, if that be important, of the functions of the whole body. The use of the hot air bath is to equalize the circulation, to remove the load of blood from the centre by eliciting it to the surface of the body; and in some of these cases, the patient is raised, as if by the touch of a magic wand, from weakness to strength, by its application.

The *second* medical mean, is the employment of some *diffusible stimulus*, such as brandy, opium, ammonia, wine, or ether. It is of course necessary to be acquainted with the quantity proper to be given of each of these. As to *brandy*, for example, when the skin is cold, and the pulse feeble, it should be given in tea-spoonfuls every three or four minutes, until reaction is produced: if you were to give too much, the effect instead of rousing the patient, might be that of acting like an electric shock, so as entirely to suspend the action of the heart. Opium I shall mention hereafter. If you employ *ammonia*, you should give *five grains* of the subcarbonate every half-hour or so, until the freedom of the heart's action be restored. This should be enveloped in some mucilaginous fluid, the best medium for its exhibition. *Ether* should be given, in doses of half a drachm, for the same purpose, every hour or two; but I think a mixture of brandy and opium is the best. Recollect, however, that these diffusible stimuli are only to be employed whilst the person is labouring under the first shock, and when the congestion is so extreme as to threaten the speedy destruction of the patient, but when the re-action is once established, the diffusible stimulants must be withdrawn.

The *third* medical agent is the employment of some *hot stimulant fluid*, some hot aromatic infusion, as ginger tea; or even the infusion of common black or green tea will answer very well; but take care, in the exhibition of liquids, not to distend the stomach too much, since such a state of the stomach might exert a peculiarly oppressive influence on the heart, and impede rather than accelerate the appearance of re-action.

The *fourth* medical mean should be the administration of a warm injection, and nothing answers better for this purpose than a strong infusion of ginger.

If the colon should be loaded with scybalæ, it would tend very much to effect their removal, and in that way prove beneficial as well as by creating re-action.

The *fifth* is the application of bottles or bladders filled with warm water, or sinapisms, to the stomach, or to the soles of the feet, or to both places at once. Now all these various methods are used for the accomplishment of one object, namely, that of restoring heat to the surface of the body, and thus equalizing the circulation of the blood.

With respect to the *regimenal* management, the following are the chief points. The *first* is the *regulation of the surrounding temperature.* In all these cases, in which the skin is cooler than natural, it is of great importance to attend to the surrounding temperature, not only that about the bed, by the accumulation of covering, but also that of the apartment in which the patient lies. The blankets, between which the patient is to be placed, should not be old, nor have been long used, as they then become good conductors of caloric, and do not answer the purpose. The patient should be well covered with bed-clothes, but before he is put into bed it should be warmed, and the temperature of the room should never be below 66°; if the heat should begin to be established on the surface, do not let the patient get up too early, as he might soon become again chilled. The *second* point to be attended to, is the *ventilation* of the apartment. Air is at all times the immediate food of life, and in every case where the respiration is so weak that the patient can take in but little air at a time, or when the bronchial membrane is affected, he will require a great deal of fresh air; indeed one of the best modes of sustaining the strength, is to allow of the admission of fresh air, and to keep the patient covered with warm clothing at the same time. The *third* point in this division is, to furnish *light support* in the progress of this affection, as chicken broth, or weak beef tea; but again, I say, take care not to distend the stomach. Sometimes nausea is produced by the nurses or the attendants giving broth or tea every quarter of an hour, and the load of fluid thus accumulated in the stomach serves only to increase the general depression. If you arrive when such is the case, do not continue to give more, but wait until the nausea is removed. *Fourthly*, you should attempt the *preservation of the strength*, by perfect quiet in the sick apartment. The patient is often worried and fatigued by persons frequently talking to him, by carrying lights to and fro in the apartment, and by always being anxious to do something or other for him. In those cases, where the patient is susceptible of all these impressions, it becomes the duty of the practitioner to remove them.

The *mental management* is sometimes a point of great importance. It happens, in the extreme form of common congestive fever, that the brain, the bronchial linings, lungs, and the liver, are sometimes simultaneously affected. But when the brain is the seat of an extreme congestion, the patient is often insensible to external objects, and therefore, the management of mind, as far as regards him, is not of great importance in such case; but in the other less severe forms of this fever, you

should recollect that although the patient has not the power of speaking, yet he is sometimes capable of knowing what is said, and therefore you should be cautious in your language. When the functions of the brain are not disturbed, and the congestion is seated in the other organs I have just named, the mind is clear and unclouded, and we must be very careful of what we say, and of what we do; even the expression of the countenance will be watched, and even a significant shake of the head might have a very unfavourable effect on the patient. On the other hand, the administration of hope is attended with a very opposite result; the *confident administration of hope* is an excellent remedy. For it frequently happens, that, when the patient is sensible of labouring under the shock of some important disease, he looks to the relation in which he stands to his family, to his relatives, and friends, and the anxiety thus produced may add materially to his disorder; but inspiring him with confidence as to the successful termination of his complaint, imparts energy, and tends to bring about that event. The human mind is so constituted that you cannot point out the danger to the patient which may really exist; for who is there could bear unmoved the announcement that he laboured under some mortal disease! However great that man's philosophy might be, yet he could not be insensible to such a communication; therefore the *medical man* should be very careful of his *looks*, and of his *words*, and of his general *manner*. He should be careful also to regulate the manner of the friends, of the nurses: for if there be a great anxiety depicted in their countenances, the patient reads it readily. Tranquillity of mind, and rest of body, are very necessary to be observed in the management of the patient. It may often happen that, on your arrival at the bed of the sick, some kind office may be required, and that immediately. In the practice of physic, the end sanctifies the means, and therefore you should never be above doing any thing that could minister to the comfort much less safety of your patient.

The medical man should be *punctual* to his *promises*; if he promises to call at a certain hour, and does not, he produces much anxiety both in the mind of the patient and of his friends; he should if possible, in all cases, hold his word inviolable. Lastly, before leaving the chamber, he should say something kind and consolatory to the patient. I shall now relate to you a few cases, showing the efficacy of the hot air bath.

I was desired to visit a gentleman labouring under the extreme form of congestive fever, in whom all the important organs appeared to be labouring under congestion; he had confusion of intellect, a blanched conjunctiva, a feeble, oppressed pulse, a livid hue of the lip and cheek, a weak respiration, nausea and vomiting, the surface at the same time as cold as clay, and an entire prostration of the muscular power. I laid him between warmed blankets, gave him warm brandy and water, and applied bottles filled with hot water to his stomach and feet; yet the symptoms became worse, the skin became colder, and the respiration more feeble, and he was evidently sinking. In this state he was when the hot-air bath was applied.

It was continued nearly half an hour, and by that time the heat was restored over all the surface of the body; he burst out into a profuse perspiration, and the heart's action was restored fully; he required afterwards only a few doses of calomel, his recovery being extremely rapid. (Dr. A. then gave the cases of a young lady and a little boy, where the hot-air bath had been equally successful.)

Another case which I shall mention to you, is that of a man who laboured under congestion of the liver and lungs. Dr. JACKSON saw him, who, as well as myself, thought he must soon die. The hot-air bath, however, was applied, and removed, with the same degree of success as in the former cases, the congestion. Small doses of calomel and opium have an extremely beneficial effect in these cases, when the re-action is not perfectly restored. The tongue, however, must be moist, if you expect any benefit from the opium; when otherwise, I never knew any good obtained from it. Respecting *calomel* I have been induced, from an observation of facts, to alter my opinion as to the extent of its administration. Small and repeated does of calomel and opium are the best. *One or two grains* of *calomel* with *half a grain* of *opium* should be given every two, three, or four hours; but I should be very careful about continuing the opium after decided re-action has commenced. It sometimes happens that it is necessary to give large doses of opium in the first instance. In the North of England, for example, people frequently die under the shock of a *burn*, without the least re-action having taken place; and yet 50, 60, or 100 drops of tincture of opium given immediately will bring about re-action and thus save life in similar cases. In the cold fit of an ague the patient labours under a temporary form of congestive fever; the surface is cold, the pulse weak, and the breathing oppressed; we may generally shorten the cold stage of the ague by giving a large dose of opium, even when it has commenced.

I knew a gentleman who was thrown into a state of congestion by keeping himself in the water for too long a time: it was with great difficulty he reached the shore, and when he did so, he fell prostrate on the ground, like a man dead. The speedy use of the warm bath however brought back the blood to the surface of the body, and he recovered. When a *general torpidity* is gradually produced, a *gradual application* of *warmth* would be most beneficial, as rubbing the patient with snow; for if you were to plunge such a patient into the warm bath, you might destroy him. The knowledge of the treatment of congestion is equally useful to the surgeon as to the physician; for after accidents or operations, the efforts of nature are sometimes not enough to bring about re-action, and the treatment I have spoken of must be adopted. Another state in which opium is a very useful remedy, is in the collapse after excitement; such for example as arises in the last stage of cholera morbus.

The *second form* of common congestive fever is the *intermediate*.

In this form of fever the *heat* is generally lower than natural on some parts; the patient feels cold about the extremities, but retains

nearly the usual warmth about the trunk. 2. The pulse is not so weak as in the extreme form, but generally feels as if the heart were struggling to send the blood through the vessels. 3. The respiration is by no means weak, the person takes in and gives out more air than in the first form, and he can generally cough freely, shewing that the congestion of the bronchial lining, or of the lung, is not so severe. 4. There is less local disturbance. 5. There is less prostration of the muscular power. Very great care is necessary in the extreme forms of this fever, as to the manner in which you take away blood. Yet even in that form the abstraction of blood is sometimes beneficial; but I have found that since I have been more cautious in this respect, that I have been more successful; especially since the application of the hot-air bath. In the intermediate form, bleeding is often a very useful remedy. I recollect seeing a boy whose conjunctiva was blanched, whose pulse was labouring and oppressed; whose head was so confused that he could give no correct account of his feelings; whose temperature of surface was lower than natural. I ordered several ounces of blood to be abstracted and the hot-air bath to be applied; he was greatly relieved; the excitement was perfectly developed, and the attack ran its course as a common simple fever. The quantity of blood necessary to be abstracted, to produce the effect, is various; young practitioners imagine that nothing can be done unless large quantities of blood be drawn. Two or three ounces will frequently, in cases of this kind, be sufficient; whereas in others a large quantity will be required; in all cases look to the effect it produces, and not to the quantity of blood you take away. A female laboured under intermediate congestion of the brain, spinal cord, and lungs; she was confused, convulsed, livid, and gasped for breath. I ordered a vein to be opened in each arm, and forty ounces of blood were drawn before she felt relieved; she recovered apace.

I was called to a gentleman who had an attack of congestive fever; at first it was of an intermediate form: he had felt his head light, his skin had been chilly, he continued to go about with these symptoms increasing, and at last he fell down in a state of extreme congestion. I immediately ordered the temporal artery to be opened, and the blood was allowed to flow until he felt relieved, and about thirty ounces were lost. In such cases, whether you open an artery or a vein, the blood at first frequently comes away like tar, being imperfectly decarbonized; it then trickles and afterwards comes out in jets, and at last in a stream; if you keep your finger on the pulse, you will find that the heart's action is gradually increasing. The circumstance of the blood oozing out at first like liquid tar, then coming by drops, then in small jets, and afterwards in a stream, appears to show, that the stroke of the heart extends from the arterial to the venous side of the circulation.

In this state of congestive fever you will never find the blood drawn exhibit the buffy coat. If while the blood is flowing, you find the pulse does not rise, do not carry it further, but immediately stop short; for if you were to

continue the bleeding, the patient might sink under it. The rising or falling of the pulse is the best guide for going on or stopping in the operation of blood-letting. If venesection answer, the congestion is removed, and you have a simple inflammatory fever to treat. But, on the other hand, when the re-action is but imperfectly developed, the muscular power is much exhausted. In the treatment of these cases, we must restore the strength of the patient by a series of gradual remedies, and we nurse it by a state of repose. What we call nature, appears to me, in the human body, to be nothing but certain habits of action established by the Deity; and there is a tendency to return to these habits when the opposing circumstances are removed.

There are some cases of this kind in which it is better to avoid bleeding altogether. I recollect the case of a young lady who laboured under an attack of the intermediate form of fever. The brain, heart, and lungs, were the seats of congestion, her pulse was very feeble, and the surface of the body chilly, the breathing weak, and the mind confused. I put her into a warm bed, used warm applications to her stomach, sinapisms to her feet, and gave her some weak brandy and water. She recovered by the aid of aperients, but it was some time before her nervous and muscular power was restored; and I believe that some slight effusion had taken place between the membranes of the brain, or at its base.

In cases where young children have been allowed to cram their stomachs with indigestible food, either by the negligence or ignorance of their attendants, you will find them lying in the nurse's lap, with a pallid countenance, a cold skin, the breathing oppressed, and the whole system, in fact, completely torpid; you will, in such cases, often find great benefit in the administration of small doses of opium with an aromatic or antispasmodic, where emetics fail.

The *third form* of common congestive fever is the *mild*. This is marked by languor, lassitude, and paleness; the patient complains of being chilly, and has some uneasiness in his head. He has also a weak pulse, and a slight degree of exertion fatigues him. Now, whenever you see a patient labouring under these symptoms, never allow him to persevere in going about; if you do, the result will be such as I detailed to you in a case at the earlier part of the lecture. You must never compromise your duty, by acceding to patients' wishes, but insist on their remaining at home a few days in a recumbent posture. By a mild regimen it may pass on to a simple fever, and be removed by mild measures; such as *rest* in a *warm bed*, *tepid drinks*, the use of the *tepid bath*, which may be employed about the temperature of 98° or 100°; or, if the skin should then remain below the natural standard, it might be raised to 102° or 104°. Where the skin is universally cold, nothing tends so much to restore the balance between the arterial and venous systems, as the warm bath. The next *measure* to be adopted for the removal of this form of common congestive fever, is the exhibition of a *gentle emetic*, which proves extremely beneficial, and tends in a remarkable manner to equalize the circulation. I think

that since the introduction of purgative medicines we have too much neglected the use of emetics in the early stage of fever.

After the removal of all the three states of common congestive fever, symptoms of common simple, or common inflammatory fever may supervene; and if that should be the case, the treatment must correspond with the character of the affection, as shall be afterwards elucidated.

I shall detain you a few minutes on the subject of *prognosis*. This is a subject of great importance, and the manner in which you may give it requires extreme caution, because it involves the judgment of the medical man. I have never known that man successful in his practice who was careless in the way in which he gave his prognosis. Do not confound the different forms of fever which we have this evening considered, but examine distinctly the symptoms and draw the line of demarcation. The heat of the surface may be depressed, yet the pulse may be regular, and the function of no important organ disturbed; your prognosis would of course be, in this case, of a very favourable kind. Yet when the skin is cold, the pulse feeble, the breathing embarrassed, and some vital organ impeded in its work, be on your guard, and where imperfect re-action takes place, where the function of an organ remains disturbed, be careful about your prognosis, as the state of internal inflammation generally exists, and it will generally be found, in the broncial membrane. In the *intermediate form*, the prognosis will be much more favourable. You may, however, find that the re-action will not be perfectly produced, but that you may have the chilled surface and feeble pulse, with an embarrassed organ, constituting what I should call the congesto-inflammatory state. Then you must be circumspect. In the *mild* form of common congestive fever your prognosis is much more favourable than in either of the others. But still you should recollect that if you allow the patient to go about during this state, an extreme form may be produced by exposure to a low temperature, or by fatigue, so that he may fall down and suddenly expire, or rally into inflammatory fever.

The brain, lungs, and heart, have been called the tripod of life, and where they are simultaneously oppressed, be very wary in giving your prognosis, as such a combination is generally attended with danger. Common congestive fever is very dangerous in infants, old persons, and weak convalescents; also in females soon after delivery. In fact, you may, in a general way, be guided in giving your prognosis, by minutely attending to the degree of the local disturbance, and by the degree of the general prostration.

Prognosis, generally speaking, is a subject of great consequence; and there are *three* points connected with it especially to be regarded.

1st. You should take a deep interest in the state and welfare of the patient. When a patient sends for a medical man, he not only places his life in the hands of that man, but also the happiness of the family with which he may stand in immediate connexion, and of which perhaps he may be the head. Therefore it is your bounden duty to take a very great interest in

his condition, professionally considered. You should always make your first visit a long one, and so investigate every circumstance, as to make yourself perfectly satisfied of the disease.

The 2d point which I shall name in connexion with the prognosis, is the manifestation of attention and tenderness of feeling, not only to the patient but to his friends. Their feelings are mixed up with the fate of the patient, and therefore you never ought to be inattentive to them. Upon the whole, medical men make much less profession of philanthropy than others; but they practise it a great deal more; they are, in fact, the good Samaritans of this world.

The 3d point is the observance of caution, in the expressions not only of the attendants and friends, in the hearing of the sick, but also as to your own, lest you alarm the mind. Reason over the case until you understand it, as it is impossible that you can give your opinion with propriety until you understand the disorder; and, as it happens in physics that under similar circumstances similar effects take place, so in medicine, if you carefully notice the symptoms in connexion with the effects of remedies, you will acquire the power of arriving at a distinct knowledge of the pathological condition of a part, and on that knowledge you may found an accurate prognosis. Confidence is placed on what you say, and therefore if you should unguardedly commit an error, the effects of it in this case might be injurious to you. What Shakspeare has said morally is medically true:

"There is a history in all men's lives,
Figuring the nature of the times deceased;
The which observed, a man may prophesy,
With a near aim, of the main chance of things
As yet not come to life."

In short, by carefully observing past events, we may anticipate future ones. On the one hand, you must not be too sanguine; and on the other hand, you must not be too desponding. If a man be too sanguine, he loses the patient's confidence, by some disappointment occurring to his predicted event. If he be too desponding, he rarely acquires the confidence of the patient, and some other person is consulted. You should moreover be honest, particularly honest, in the expression of your opinions; if they cannot be given favourably, they should not be communicated to the patient, but to his friends. Some men of secondary powers strive to raise their reputations by exciting a species of terror in the minds of their patients, by giving them all to understand that they are in circumstances of great danger, in order that they may have the greater credit of curing them. This, however, should be avoided by a man of honesty; he will fairly state the case to the friends, and then apply himself to the mode of removing it by appropriate remedies.

Description of the Hot Air Bath.

The machinery employed for the purpose of applying hot air to the surface of the body, is very simple. It consists of a frame of basket-work, of an arched shape, and about six feet in length, open at one end, and the other is closed by a piece of wood, with a hole

in the centre. This frame is laid over the patient when in bed, and over it is placed a blanket or two, and these are tucked under the patient's chin. A tin tube is then passed into the hole at the bottom of the frame, and in the lower part of this tube a little spirit lamp is placed and lighted, and then the apparatus is complete. The air, heated by the lamp, passes up the tube, and is brought in contact with the surface of the body, which is generally restored to a natural and uniform warmth with a genial perspiration in about half an hour.

[This Lecture occupied an hour and a half in its delivery.]

Sir William Blizard, or *Sir Villiam Wizard*, as he is designated by the French Medical Journalists—maliciously enough, for the rogues know, as well as every body else, that the worthy knight is *no conjuror*—sets his face against The Lancet regularly every Saturday morning.

Last week, when he came to that passage in the Advertisement, in which the College of Surgeons is characterized as a "benighted body," he exclaimed with great emotion, "Be-knighted body! Be-knighted body! I am a Knight, and I'll indict them for *Scandalum Magnatum*.

THE REAL SIMON PURE.

We have received a number of communications on the subject of the recent exploit of the consistent and conscientious person who unites the characters of a champion of "Hole and Corner" Surgery, and a humble transcriber of the pages of The Lancet. We insert the following letter with a view of enabling Mr. Tyrrell to judge of the feeling which his exploit has excited among those who are possessed of the volumes of The Lancet, and who have been insnared into paying half a guinea for the twelve Lectures which the real Simon Pure has nearly transcribed from our pages, not only without acknowledgment, but under the false pretence that his is the only correct and authentic copy. One word as to the observation of our Correspondent respecting copyright. We know that we could expose the real Simon Pure in a court of justice; but we have already declared that we think Sir A. Cooper's invaluable Lectures cannot be too extensively diffused, and if Benbow, ashamed of being eclipsed by Mr. Tyrrell, were to imitate his example to-morrow, he may do so, as far as any legal interference on our part is concerned, with impunity. Unblushing as that individual's invasions of literary property have been, we do not think that even Benbow, if he were to pirate our reports, would have the meanness to conceal the source from which he derived them, and the effrontery to represent himself as the author of them. A press of matter obliges us to postpone our dissection of the real Simon Pure until next week.

To the Editor of THE LANCET.

SIR,—I think that you have been too lenient in your treatment, or rather notice, of what you have properly called "an act of literary dishonesty" on the part of the gentleman who has published SIR ASTLEY COOPER'S surgical lectures. From the very first, I have been a reader of your pages, as I conceived that they were a faithful transcript of the useful and scientific lectures given by SIR A. COOPER, nor have I been induced to change my opinion by reading the contents of a volume professing to come from the pen of one of the surgeons of St. Thomas's Hospital. I will not enter upon the question, whether the publication of lectures (not his own) be consistent with the dignity and character of a hospital surgeon? Mr. TYRRELL has no doubt duly considered this question, and has probably been long held in suspense between his official dignity and, what you justly term, his cupidity: but where is the man over whom the "auri sacra fames" will not at last prevail! In this instance, alas! it has induced him to become a literary pirate; to rob the pages of a work which he has, by every artifice in his power, endeavoured to put down, and to appropriate to himself the hard-earned and faithful reports of THE LANCET. The appearance of this volume explains the reason of his anxiety to suppress reports of lectures and hospital cases, and must fully satisfy the profession as to the worthiness of his motives. I have been in possession of THE LANCET from its very commencement, but I confess that I was induced to buy this new volume, expecting to find something more than THE LANCET professed to give; my hopes were raised high by its pompous announcement; I looked for an edition of SIR ASTLEY'S lectures, such as the world had never seen; and grievous has been my disappointment. By means of fine paper and fine printing, he has given the volume a somewhat novel appearance, but the contents are nothing but a reprint of the reports of THE LANCET, (embellished, I will not say, but) encumbered with the most paltry, uninforming, and useless cases of his own insertion, in the form of notes, such as I am convinced no monthly reviewer would have allowed a place in his journal; they are at once an insult to the understanding of his readers, a disgrace to his professional character, and an evidence of his utter unfitness for the office he has assumed. I will not believe that SIR ASTLEY COOPER has given his sanction to this unprecedented method of obtaining money from the hospital pupils. The surgeons of these institutions already extract enough from the pockets of their pupils, without having recourse to such unwarrantable modes of impoverishing them; their treatment of the young men who attend the hospitals you have often pointed out, and justly held up to the reprobation of the profession at large; and it is to be expected that your appeals to their heads and hearts will not be without their due effect. Your next appeal should be to their pockets, their most sensitive point. The expense of this volume is half-a-guinea, which will make the whole lectures, when complete, *three guineas:* while the whole series of THE LANCET, including all SIR ASTLEY'S lectures, and a great variety of interesting

and instructive matter, has cost me only *twenty-eight shillings*. The *bare-facedness* of this job must be evident to the whole profession; it is to be viewed in no other light, than as an artifice to injure the sale of THE LANCET, and to fill his own pocket. I am, however, rather incredulous as to the former object being effected: it must take a much stronger head than, from the present specimen, I am inclined to give Mr. TYRRELL credit for: his heart I believe to be strongly enlisted in the cause—it is his head that rebels. It is a pity that the respectable name of SIR ASTLEY COOPER should have been lent to a transaction that will enhance neither the value of his lectures, nor increase his character for disinterestedness. His appearance in the business must, however, be attributed entirely to a deception; he cannot, before he compares the two, be aware of the identity between the volume in question and his lectures as published in THE LANCET. He has been the dupe of the mercenary rapaciousness of a young man, who, not possessing the necessary talents for publishing the lectures, has had recourse to the base expedient of purloining, from your valuable Numbers, that information which he wants the perseverance and ability to glean for himself. He may fill his coffers by such means, for literary repute surely cannot be one of his objects, but he will gain neither the good opinion of the wise, nor the esteem of the better part of his profession. I have always considered that you had the indirect sanction of SIR ASTLEY in publishing reports of his lectures; of this, however, you are the best judge, and also of your prior claim to a copyright in the work. Knowing that you have talents to defend yourself, and will not be sparing of the rod of castigation, where it is required, I wish you farewell, and success in your undertaking.

Your well-wisher and admirer.

To the Editor of THE LANCET.

SIR,—Observing that you have occasionally devoted a part of your valuable publication to the correction of abuses in the Borough Hospitals, I take the liberty of submitting the following to your notice: It appears that, by a recent arrangement, the students of St. Thomas's are to procure subjects for themselves, during the ensuing season, and, that the *new-comers*, by the payment of a guinea, are entitled to the same privilege of dissecting, as those who entered perpetually last season, the latter of whom, notwithstanding the *perpetuity* of their free attendance, &c., are to pay the same full price for subjects as the former. Now this is undoubtedly unjust; for Mr. GREEN cannot suppose that those students who entered last season should each have dissected ten guineas' worth of subjects; so that to many fellow-students with myself, in this predicament, there will be a clear loss of five guineas; to some others, who have performed *no dissections*, a total loss. Yet Mr. G. complains of the balance being so very much against him. We entered with the understanding that subjects were to be procured for us at a certain fixed price, which they have been hitherto, and it is very unfair that that arrangement should now be altered.

If these observations should be worthy your attention, the insertion of them will much oblige

JUSTITIÆ AMICUS.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

REVUE MEDICALE.—AUGUST.

Several interesting original communications are to be found in the work we have just named; and in the present Number we shall proceed to furnish our readers with the following:

HYDROPHOBIA.

Cases of Hydrophobia communicated, and followed with remarks. By Professor RECAMIER.

First Case. On the 27th of February, 1823, at seven o'clock in the morning, a man named Charles Mignot, a vine dresser, aged 24, of a bilious temperament, but of a spare habit, was attacked by a wolf. Mignot, being young, vigorous, and very courageous, thought fit to seize him by the tongue, in order to avoid being bitten, and with the design of suffocating him.

To do this, he thrust his right hand many times into the wolf's mouth, who made him pay dear for these imprudent and rash attempts. For the hand was not only bitten, but lacerated, mangled, and appeared as if pounded. The left hand was treated little better than the right, having been very deeply bitten in several places, especially about the thumb.

Besides the wounds which I have now cursorily described, Mignot had received many bites on the upper and inner part of the left arm, which had passed through the part, as well as on the fore-arm of the same side. He had also seventeen deep wounds on the outer part of the right ham, and some on the lower and fore part of the left leg, which, on the twenty-third day from the accident, were freely suppurating.

Being afterwards called to this unfortunate, I was under the necessity of limiting myself to the mere dilatation of the wounds on the hand, and soaking them in warm water; from the impossibility of conveniently cauterising such a large number of wounds situated in the neighbourhood of joints and in tendinous parts, without exposing the patient to greater dangers, or perhaps to death itself, without being at the time satisfied that the animal was mad. On the third day, when I proposed to practise blood-letting, he told me that he had a profuse hæmorrhage from the nose, to which he was subject, which spared me the trouble. This hæmorrhage reappeared in the evening and in the following night, and has since taken place many times during the progress of the disease.

Emollient and narcotic fomentations, dressings of opiate cerate, and diluent drinks, with low diet, prevented the appearance of tetanic symptoms, which I had dreaded; and every thing went on favourably until the 1st of March, at which time the wounds of the left arm and hand had perfectly healed, when he was seized with a violent inflammation of the right hand, without any apparent cause, accompanied by considerable swelling. The application of twelve leeches, followed by profuse bleed-

ing, which was encouraged by an emollient fomentation, and a poultice of the same kind, rendered him very sensibly better.

On the 2d, a repetition of the same means. Generally improved, and from this time the progress of the wounds towards cicatrisation was rapid. The poultices were continued until the 9th; the wounds were in the best possible state, and I flattered myself that the cure was very near; when suddenly, on the night of the 9th or 10th, he complained of a pain in his head, just over the orbit of the right side; the pain extended along the branch of the frontal nerve, and of the facial of the same side, even to the neck. He had further slight convulsive motions of the upper eye-lid, and a feeling of constriction in the throat; loss of appetite, which had before been very good; irritable, and the fear of death manifested itself for the first time; difficulty of swallowing accompanied with certain heavings of the chest; notwithstanding all this, there was total absence of hydrophobia, or the fear of water.

A prescription for antispasmodic pills was written, composed of musk and opium: he slept nearly two hours towards morning, and remained tranquil during the night.

As he complained of great heat in his throat, I made him open his mouth, when I examined it with the greatest care, but could not discover the least trace of inflammation, or the vesicles which have been said to be met with under the tongue. I ought before to have observed, that the former nights had been very tranquil, and attended with sound sleep.

On the 10th, all the wounds were in the best possible condition. The same difficulty of drinking what he saw; easy deglutition of food; the interior of the mouth was remarkably cool, and only a slight increase of colour at the anterior pillar of the fauces. He manifested some impatience, but made satisfactory answers to what was required of him. Bled again from the right arm, had an increased dose of the pills, orange flower drink, mercurial frictions of two drachms. More tranquil, but the same difficulty of swallowing continues. In the evening the pills and frictions were repeated, but with no better result, and he refused to eat; there was a feeling of heat and constriction in the throat, and he requested to have leeches applied to the part. Great pain in the throat, more particularly increased if they talked of drinking, or if they showed him water.

On the night of the 10th he was extremely agitated, and dreamt that he was pursued by wolves. He had taken two grains of opium, however, on the previous evening. He rose in the morning, and went to look for his mother. He afterwards dreamt that he was pursued by dogs, and desired that they might be tied up, and not suffered to molest him. Wishing to see how far he could overcome the fear of water, I persuaded poor Mignot, that in order to remove the inflammation in his throat, it was absolutely necessary to gargle with water and oxymel; he attempted it, but had no sooner put the fluid to his mouth, than he said that the room turned with him, and that he saw a thousand sparks before him.

On the morning of the 13th, there was a remission of all the

symptoms. He ate in the presence of the professor, and was able to go into a warm bath which he had ordered. His power of swallowing fluids very much improved, and he considered that he was almost well. Ordered to omit the mercurial frictions. There was very profuse suppuration in the wounds, and they were dressed with a mixture of mercurial ointment and cerate. On the 15th, he did not betray the least emotion at going into the warm bath, and the salivation had very much diminished; but in the night he again dreamt that he was pursued by wolves. On the 16th, there was considerable aggravation of the symptoms; the pulse became quicker and stronger, and on the 17th, he became delirious and had vomiting. On the 18th, the state of the unhappy Mignot became worse; the vomiting returned. He was ordered a potion composed of mint water and orange flower water, with the theriaca, of which he was made to swallow four table-spoonfuls. The delirium increased, so that he became very violent; he cried, swore, and wished very much to see me. He still thought he was pursued by dogs and wolves. A total incoherency of ideas followed, and there was spasmodic tension of the muscles.

On the 19th, in the morning, he recovered his speech, and his delirium was increased; he bit himself in several places, and on the following day he expired.

Second Case.

On the 10th of February, 1823, three wood-cutters were working in their shed, in the forest of Meriot, between Nogent and Provins, when one of them was seized by a wolf which he had not perceived, and which immediately bit him in three places. He held him firmly, and called his companions, and one of them struck him two blows with a stick; the animal bit him also, and escaping, hid himself under the foliage. The wood-cutters pursued with the hope of destroying him, and they struck him different blows. They contrived at last to kill the wolf, but not until they were each bitten. They brought him to Nogent, and there skinned and buried him, without having any examination made.

Being consulted by the local authorities, I went the next day to Meriot, and examined the wounds. The man first seized had nine wounds, of which two were very considerable, on his face and breast. The second had five, four of which were on the head, and one on the arm. The third, the person who struck the wolf the most decisive blows, had only one wound on the leg, and that very inconsiderable.

I immediately convinced these persons of the great necessity there was of submitting to a treatment which appeared indispensable; they consented, and I cut out the wounds and cauterised them with muriate of antimony, and ordered them afterwards to be covered with a blister. They were dressed every day by myself or colleagues, and I saw them from time to time. They were all cured in twenty-four days from the accident. Two of them returned to their work about this time; but the other, who had been rather unwell before the occurrence of the accident, remained in bed a little longer, and this was more in consequence of his former complaint, than from any thing which had happened from the wound. This man required some evacuants

during his illness, but the other two took only some antispasmodic drinks. I was desired by the Prefect to make a report on this accident, and I ventured to predict that no unfortunate termination would ensue, because we had taken the necessary precautions. The event perfectly justified my prognostic.

Third Case.

A man, 60 years of age. M. Poirier was bitten on the evening of the 7th of February, 1823, by a mad wolf, which had that morning bitten four wood-cutters. He washed the wounds on his hand very freely, but one which was received on his nates was not washed until the day following.

On the 6th of March, M. P. suffering for several days from the wounds, returned to Provins, where he heard that a man had died with hydrophobia, who had been bitten some weeks before by another wolf. He imagined immediately that he was devoted to the same kind of death; he mounted a coach immediately, and arrived in Paris on the *twenty-eighth day* after the bite. It was with this impression on his mind that he came to my house on the 8th of March, 1823.

I discovered, along the ulnar edge of the middle finger of the right hand, a very painful cicatrix, which was inflamed, and covered with vesications some days since; tumefaction of the finger, and it could be bent, but with great difficulty. Another cicatrix less, but equally painful, was situated on the radial side of the metacarpal bone of the fore finger of the same hand; this wound appeared to have been inflicted only with the point of the tooth, while in the other the tooth had torn all the ulnar side of the finger. This smaller cicatrix was swollen, inflamed, and covered with a vesicle like the other. The cicatrix on the nates, the wound of which had been made through the clothes, did not present any change, irritation or inflammation. The patient had no fever, but was in a state of the greatest terror, being firmly convinced that he was devoted to a death no less horrible than certain.

I advised him to employ baths impregnated with the duet-chloride of mercury, (oxymuriate,) and I immediately cauterised the cicatrices with concentrated nitric acid, holding in solution, in each ounce, one drachm of the crystallized nitrate of mercury. This cauterisation was repeated again in three days. The baths were prepared at first with half an ounce of the oxymuriate, increased two drachms at intervals, until this contained as much as four ounces. They were continued nearly two months; and afterwards, instead of every, used only every other day. After the first application of the caustic, the finger began to decrease in size, and the eschars separated each day by washing. Two new eschars were afterwards formed, and separated in the same way. The wounds which resulted from them were healed in eighteen days.

This person returned home at the end of May, and enjoys to this day very good health.

Remarks.

The history of M. Porier's disease presents many circumstances worthy of observation.

1st, Being bitten at night by a mad wolf on the breech, through his clothes, and on the right hand, which was uncovered, in two places, with much laceration; he

washed the wounds with care, and made them bleed freely.

2dly, Four wood-cutters were bitten by the same wolf, of which they were certain, from having observed the marks of the two blows which they had made on his head. These men were treated and cured by cauterisation.

3rd. Twenty-seven days after the accident, the wounds on the hand of M. P. were inflamed, swollen, and covered with vesicles, without any thing of the kind happening to the wound on the breech, which was not even discovered until the following day, by the blood on his shirt.

4th. That, seized with the dread of death, from hydrophobia, he came to Paris in a state of extreme agitation, and was there treated locally by mercurial caustic, as described: much more sure, and less frightful than the actual cautery; and treated generally by mercurial baths.

Such is the treatment, on which I made, at the time, a verbal report to the Royal Academy of Medicine. I leave every one to judge of the value of the fact. It appears that by cauterising the cicatrices with the nitrate of mercury dissolved in an excess of acid, and by having bathed in a solution of the duet chloride of mercury, increased to as much as four ounces in each bath, that the patient was perfectly cured.

Whatever importance Professor Recamier or the Royal Academy of Medicine may attach to this practice, we think it is decidedly inferior to the treatment employed on this side of the water. It is interesting, however, to become acquainted with every method, proposed or adopted; as it is only by an accumulation of facts, and a careful comparison of them, that we can hope to discover a safe and scientific treatment for such a dreadful disease.

Royal Institute of France.

The Academy of Sciences will decide, in 1825, for the prize bequeathed by M. Alhumbert, viz. a medal of 300 francs, to the author of the best paper *on the anatomical comparison* of the structure of fishes, with that of reptiles; the two species are to be left to the choice of the competitors.

The Academy proposes also a medal of the same value, to be decided in 1826, on the following question: "*To describe, with exactness, the changes which take place in the circulation of the blood of frogs during their different metamorphoses.*"

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Continuation of the Case of Popliteal Aneurism in Lazarus, from p. 58.

In our last notice of this case, we said, that he had taken an ounce of castor oil on the day succeeding the operation, but it produced no effect; a repetition of it was ordered, but with a similar result.

Oct. 6th. The patient has had a very disturbed, restless night, and has been muttering at intervals. His pulse during the night was sometimes 120. His countenance is pale and bespeaks great anxiety; has had frequent hiccough and some vomiting; his skin hot over all parts of the body but the left leg. Tongue covered with a

dark brown crust in the centre, and of a yellowish white appearance towards the edges.

The leg has diminished in temperature since yesterday, and has a tense, œdematous appearance, and pale. His bowels had not been moved since the operation until this morning, when he had an injection administered about three o'clock, which procured two evacuations about five. He had taken, during the night, some calomel and colocynth pills.

11, A. M. The foot feels very cold, and is swollen considerably; the natural appearance is changing into red patches, and on these parts the cuticle is beginning to separate. No further movement from his bowels. Hiccough continues and very much distresses him.

9, P. M. The temperature of the foot continues to decrease, and the coldness spreads up the leg. The limb is still enveloped in flannel, and bottles filled with warm water applied to the foot. Pulse weak, and 115.

7th. The foot more discoloured, and three large vesications filled with a dark-coloured fluid, are seen on the back of the foot, and on the fore-part of the ancle. Toes very cold, and the skin covering them is of a dusky colour. The thigh remains more swollen than the leg, but retains its natural heat. Tongue brown; hiccough continues at intervals; pulse very feeble, and 108. Had this morning two slight evacuations. He takes the effervescent mixture every four hours, and a pill, containing one grain and a half of opium, every six hours.

8th. He has a very distressing appearance, countenance pale, and covered with a cold perspiration. The vesications on the foot are more distended than yesterday, and the toes are colder and more purple. The patient was very much alarmed by one of the pupils thoughtlessly pinching his foot, and then asking him if he could feel it; he said, of course, that he did not, and therefore immediately formed an idea of what had happened. This must have been done by one of the students lately arrived, for if he had been long in the Hospitals he would have known the impropriety of such a step.

[We shall take this opportunity of cautioning the pupils against repeating this or any other act, which would, in the least degree, excite or increase the anxiety of the patient. We are solicitous, on every occasion, to remove any obstacle which may be placed in the way of the student, and we are glad to see that the restrictive system has been abolished; but on the other hand we must entreat them to exercise their judgments duly in all their intercourse with the sick.]

Pulse 108. He was ordered wine, and porter if he could drink it, and also the following medicine. R. *Infusi cascarillæ*, ℥ss.

Liq. ammoniæ subcarb. m. xv.

Tinct. opii. m. xxv.—M.

This draught was to be taken every six hours.

9th. Has been more tranquil during the night, but has had little sleep. Complains of some pain in the thigh. The perspiration is not so profuse as it was, and the hiccough returns less frequently. The thigh appears to have diminished a little in size, and vesications on the foot are not more numerous. The foot feels quite cold, even as far as the ancle; pulse 110. He continues the medicine ordered yesterday.

11th. The thigh has decreased somewhat since our last report. The patient slept last night more than three hours. The hiccough has ceased; but the perspiration continues. The foot becomes more decidedly gangrenous, especially towards the toes. Continues the former medicine without the opium, and was order the *sulphate of quinine*, four grains every five hours.

12th. The pulse is a little fuller, and 100. The bowels were moved slightly last night. The thigh decidedly smaller than it was yesterday, and there is a little discharge from the wound. The foot, near the toes, is almost purple, and round the bone of each toe there is a red line, but these parts are quite cold and insensible. Tongue brown, pulse still weak, and 102. The cause of this mischief was evidently the extravasation of blood from the aneurismal sac, into the cellular membrane and parts above the knee, which acted as a mechanical impediment, by pressing on the superficial vessels, and in this way preventing the circulation by anastomosis.

[To be continued.]

The case of compound fracture, which we noticed as being received with the other accidents from the soap manufactory, is going on favourably. The hæmorrhage has not returned, and the bones are lying in good apposition. The constitutional excitement, as might be expected, runs very high, but he has youth and a previous good state of health in his favour. The boy is in Accident Ward.

Mr. Key, having found that the great difficulty in the treatment of fractures of the legs, is the falling of the heel, has been induced to construct an apparatus to remove this defect. This is exceedingly simple; it consists merely of an horizontal plane raised above the level of the bed by four short pillars, and from the edge of this an inclined plane is brought towards the tuberosity of the ischium, on which the thigh rests; a pillow is placed over it, and the leg, properly secured with splints, is placed on the machine, and is prevented from turning either inwards or outwards by a few pegs driven into the edges of the horizontal plane.

[That the contrivance is simple enough there is not the least doubt, but we are not so satisfied of its originality; we think, the first was derived from Mr. Aymesbury's apparatus.]

Operations.

Mr. Key operated on a boy for stone. He was brought into the Hospital under the following circumstances: he had not been in any bed for six or seven nights, from the brutal behaviour of his parents, who would not allow him to sleep in a bed, because he could not retain his water, and they never supposed that it could be owing to any disease of the urinary organs.

His not having passed any for twenty-four hours, joined to the extreme pain which he suffered, induced him to come into the Hospital. He was examined by Mr. Key, and on attempting to pass a sound into the bladder, he could not get it further than the bulb, as there was a stone in that part of the urethra, which effectually plugged up the passage. This was cut down upon from the perinæum, and the stone was extract-

ed, and by carrying the sound onward, there was another found in the bladder; it was thought the best plan to immediately enlarge the opening, and the knife was passed into the bladder, and the stone was extracted, which was of a large size. The boy is going on remarkably well, and has not a bad symptom.

Mr. MORGAN operated on Tuesday for the stone, and used the straight staff and the knife employed by Mr. KEY. The stone was extracted without any difficulty, and was composed of the oxalate of lime and the triple phosphate.

This was Mr. MORGAN'S first operation for the stone, and he acquitted himself with great credit.

ST. THOMAS'S HOSPITAL.

Continuation of the Case of Fungous and Hydatic Disease of the Testicle.

The outline of this case was given in our last Number, and on Friday, the 8th, the tumour was removed by Mr. TRAVERS.

The principal difficulty in this case was, to avoid injuring the penis, for the scrotum and prepuce had been so distended, that its situation was only pointed out by the orifice of the prepuce.

The cord was laid bare in the usual way, and the vessels separated from the vas deferens. The testicle was then dissected away, and the cord divided; only one ligature was necessary, and that was on the spermatic artery. The edges of that portion of the scrotum which had been left, were brought together by three sutures.

The tumour was afterwards laid open in the presence of the pupils, and a large fungous mass exposed. Mr. TRAVERS, at the request of Sir ASTLEY COOPER, who was present at the operation, turned towards the class, and showing it, said, "This, gentlemen, is an example of the true fungous hematodes, which was first accurately described by Mr. HEY." There was also a cyst laid open, containing a transparent fluid.

The only other operation performed here this week was an amputation of the leg, by Mr. TRAVERS. We do not like Mr. TRAVERS's mode of amputating, especially above the knee; and as we cannot commend, we shall say nothing more respecting it.

The accidents admitted this week are, a fracture of the thigh; fractured ribs; a compound fracture of the metacarpal bone of the fore finger, and simple fracture of the middle finger; a contusion of the ancle, and a sprained knee.

MIDDLESEX HOSPITAL.

Case of Strangulated Scrotal Hernia.

Sept. 26.—James Hilton, brass-worker, a strong muscular man, æt. 39, admitted about 9 o'clock, p. m. with a scrotal hernia on the left side, which had been down since the preceding evening at five. He had been attended by a surgeon, who bled him, and employed the taxis, but without success. He had vomited repeatedly, and was sent to the hospital. At the period of his admission here the hernia was about the size of a large

hydrocele, and was rather tense. The pain in the abdomen, which had previously been extremely acute, had at this period nearly ceased. His pulse was 104 and rather full, and his bowels had not been open since Tuesday last, the 21st. It should have been observed likewise, that the testicle had never descended into the scrotum. The warm bath was resorted to, and the taxis again employed, when repeated attempts having failed in accomplishing its reduction, the operation was performed about 1 o'clock, in the following manner:* the pubes being shaved, and the patient placed on the table, an incision was made, in a semilunar direction, across the neck of the tumour; this incision was then dissected down, and the fascia superficial is, the fibres of the external oblique and transversalis, and those also which descend from the pillars of the ring, divided. The other fibres were cut through in succession, until the proper sac of the protruded intestine became exposed, which was pinched up and divided by the bistoury, the directory having been previously introduced. Upon the accomplishment of this stage of the operation, about 6 oz. of a coloured serum escaped from the cavity of the divided sac, on the scrotum being pressed upwards. Upon examining the intestine, it was found to be of a very dark livid colour, and very much hardened and thickened by recent inflammation, and could not without great difficulty be replaced in its proper position, although the stricture at the internal ring, as well as that which existed at the neck of the sac, had been freely divided. The parts were then brought together by adhesive straps, and secured in the ordinary way by a compress and roller. The patient was then replaced in bed, and the following treatment adopted:

Capiatur. Olei Ricini ʒ j.
Tr. Opii m. xx. *statim.*
Et injiciatur enema sequens.
R. *Infus. sennæ*, oz. xxiv.
Magnes. Sulphatis, oz. viii.
Olei ricini oz. ii. *ft. enema.*

After the operation, his pulse was about 100, and very weak. A few hours afterwards it was rather fuller and somewhat intermitting, and he had a slight cough; for which the following draughts were ordered him; occasional hiccough.

R. *Tinct. camphoræ comp.* ʒss.
Oxymellis scillæ ʒ j.
Infusi. lini. compos. ʒj. *fiat haustus pro rênata urgenti tussi capiendus.*

Evening—Bowels well open. Pain in the abdomen diminished; still vomits, but is less troubled with hiccoughs.

27th. Pulse 120, very weak; tongue furred; skin rather hot, but moist. Has vomitted incessantly during the night, and this morning the ejections, which had previously been bilious, became stercorraceous; anxiety and depression of spirits.

R. *Capiatur.*
Haust. tart. sodæ. oz. ii.*
cum Tr. opii. m. v. *3tiis horis*
Applicatur, Emp. cantharidis abdomini which was rather painful.

* The patient had previously been ordered twenty leeches to the abdomen, and an enema, which was repeated twice.

* The composition of this draught has been already explained.

Capiatur, calomelanos grana duo
Pulv. opii. granum dimidium
nocte et mane.

His bowels were open about 5 o'clock this morning; during the day he has been troubled by occasional hiccough.

In the evening his pulse was rather weaker, but more frequent; his skin was covered with a cold perspiration, and the anxiety and disquietude had increased.

28th. Passed a restless night; vomiting stercoraceous matter repeatedly. To-day his pulse is very rapid and small; the patient is very thirsty, restless, and low; bowels not open since yesterday morning; tongue furred; skin cold; countenance hippocratic; an enema was ordered him, which, however, produced no evacuation. Some brandy was given him, and in the afternoon the enema was repeated; in the evening he was slightly convulsed; during the day the vomiting had been incessant; at night an additional quantity of brandy was given him; at this period he was moribund.

29th. Died at eight o'clock, A.M.

On examining the body, it was found that the small intestines were much inflated, and more vascular than usual. That part of the ileum which had descended in the hernial sac was of a dark livid colour, and apparently sphacelated; it was also marked by two indentations, caused by the stricture at the back of the sac, and by that at the internal ring.

We omitted to state, in our last Number (case of Margaret Murray), that the patient was under the care of Mr. JOBERNS. This same personage has since performed the operation for hare-lip on a child, of which we had intended to have given some account in our present Number, but have been prevented by want of space. The great merits of this old *gentleman* require, as an act of imperative justice, that we should speedily add to the bright catalogue, which already boasts of a Harvey, a Lucas, and a Forster,—the illustrious name of JOE BURNS!!!

Mr. CARTWRIGHT performed the operation for hernia last week: the case shall be inserted in our next.

The lectures at this Hospital commenced on Monday last, on the Theory and Practice of Physic, by Dr. SOUTHEY; on Chemistry and Materia Medica, by Mr. J. F. WOOD; and on Midwifery, and the Diseases of Women and Children, by Dr. MERRIMAN and Dr. LEY. These lectures are well calculated to instruct the pupils in those principles of science for which they were instituted, whilst they form, at the same time, a sure path to practical usefulness.

WESTMINSTER HOSPITAL.

Francis Cook, aged seven weeks, was admitted on the first of October, with a contusion of the integuments situated over the right parietal bone, on the surface of which a very prominent ridge, apparently of bone, can be felt, extending for an inch along the side of it, accompanied with a corresponding depression of a large portion of the bone. This injury arose from an accidental fall of the child, and it is remarkable that it is unaccompanied with any derangement of the functions of the sensorium.

R. *Ammoniæ muriatis* ℥i.
Aceti destillati ʒij.
Aquæ ʒxiiij. M. *ft. Lotio sæpe applicand.*

Oct. 6. The depression in the bone appears less than at the time of the admission of the patient; the bowels are kept gently open, and the general health continues undisturbed.

Saturday, 9. The depression and ridge in the bone have almost disappeared, and no bad symptoms have arisen to derange the constitution of the patient.

No kind of treatment has been adopted in this case, beyond keeping the bowels open, and applying the lotion above prescribed: although, on the first view of the case, it might have appeared necessary to use the trephine, and raise the depressed portion of bone; yet, as no symptoms of the ill effects of compression of the brain were present, the surgeon did not think himself warranted in performing an operation; and the success of the treatment pursued justified his conclusion.

The case is worthy of remark, as it shows the powers which the vessels of the brain, and of its coverings, possess in the reparation of injuries done to the cranium, which were sufficiently manifested by their elevating the portion of bone driven in; and, it also proves the great degree in which the brain of infants may be compressed without destroying life, or even producing those symptoms of compression in the slightest visible form, which, in persons of a maturer age, arise to so great a height as, unless relieved, to affect the life of the patient.

Continuation of the case of Charles Hemming.

This patient, it may be recollected, is the man who lost his penis by accident some years since, and the orifice of the urethra became gradually closed, until Mr. LYNN operated for his relief, by cutting through the cicatrix, in the beginning of August last.

Aug. 21. From the time of the operation, bougies have been introduced, gradually increasing them in size, from a very small catgut, to one as large as a common-sized goose quill. To-day there exists a great degree of hypochondriacal feeling, languor, and fears for ultimate recovery on the part of the patient. He complains of a pain in the head, particularly over the eyes. Bowels open. Pulse 90. A full diet is allowed him.

23d. The pain in the head still continues. The tongue rather furred. Pulse 90, and feeble; bowels open.

25th. Pulse 85, feeble; tongue rather more furred than on Monday; the pain in the head rather worse; little rest procured at night.

26th. Bowels open; and in other respects much the same as yesterday.

Sept. 2. The patient complains much of rheumatism in the arms and shoulders; the pain in the head rather decreased; pulse 90, and very feeble; tongue much furred, being covered with a brown crust; very little rest in the night.

R. *Liq. ammon. acet.* ʒij.
Mist. camph. ʒiv. M.
Ft. Mist. cujus capiat æger cochl ij. *ter quotidie.*

R. *Pulv. Ipecac.* c. gr. v.
omni nocte sumend.

8th. Rheumatism rather better; a great degree of despondency yet remains; he gets but little rest; bowels open; tongue not so much furred as on the 2nd.

Continue the use of the medicines.

12th. Pulse 90, and weak; rheumatism rather better; tongue still furred; bowels open.

16th. Much the same as on the 12th.

20th. A good deal better; pulse 80; tongue clean, and rheumatism nearly gone; a slight degree of purging has come on.

R. *Pulv. ipecac.* c. gr. xv.
omni nocte sumend.

Leave off taking the saline mixture.

We shall continue this case in our next report.

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Oct. 12. No operation of importance has been performed here during the last week.

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